



MHSA ISSUE RESOLUTION PROCESS DRAFT – VERSION 3

Background

In Fiscal Year (FY) 2007-08 a workgroup consisting of representatives of DMH, MHSOAC, CMHPC, and the California Mental Health Directors Association (CMHDA) met to advise DMH on the development of a procedure for filing and resolving issues related to the community program planning process, service access, and consistency between program implementation and approved Mental Health Services Act (MHSA) plans. The result of these meetings was to develop an Issue Resolution Process for consumer, family members and other stakeholders to file complaints related to the MHSA with DMH.

Welfare and Institutions Code (WI&C) Section 5845(d)(10) establishes that the Mental Health Services Oversight and Accountability Commission (MHSOAC) may refer critical issues related to the performance of a county mental health program to the Department of Mental Health (DMH). Presently, the MHSOAC, the California Mental Health Planning Council (CMHPC) as well as any county constituent can make referral to DMH about complaints related to the MHSA; DMH responds using the interim Issue Resolution process.

An issue resolution process has been operational since FY 2007-08, primarily handled by the County Technical Assistance (TA) Unit. In 2011, however, with the Governor's realignment of DMH functions, that staff has transferred to Department of Health Care Services and the Issue Resolution Process is being handled by the Office of Community Services. Further, as the result of realignment and the Senate Conference Committee allocation of departmental staff for the MHSA programs, DMH has experienced a decrease in available resources resulting in a lack of staff capacity to continue supporting the Issue Resolution process.

Corresponding with these changes, there has been a steady decrease in the number of complaints received. To date, almost eight months into the fiscal year, there have been only 6 complaints. This decrease could be due to the fact that once AB 100 was signed into law, stakeholders assumed DMH did not have any administrative responsibility and might have been resolving complaints at the local level or at least not through DMH. It's also possible that there were more complaints during the initial stages of MHSA implementation given the misunderstandings about the MHSA and that these resolved naturally as the program became a routine component of the public mental health system.

Complaints

- The number of complaints submitted to DMH that are *resolved* total 44.
- The number of submitted to DMH that are *unresolved* total 9. Unresolved issues referred to DMH required further communication to obtain documentation to bring issue to conclusion. These remain unresolved because the complainant did not respond to DMH attempts to obtain additional information.